Effective October 1, 2003												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAT (Column 1) (Column 2) TYPE OR SMALL ENTITY												
7	OTAL CLAIMS	.	&					RATE	FEE]	RATE	FEE
FOR			MINSER FILED		NUMBER EXTRA		ŀ	BASIC FE	385.00	OA	Basic Feb	770.00
70	OTAL CHARGE	ABLE CLAIMS	e minus 20 ₪		. 0]	XS 9•		OR	X\$18*	
IΝ	DEPENDENT C	ZAIMS	ිදු minus 3 ෳ		73			X43=	Ť	OR	X85=	172
MULTIPLE DEPENDENT CLAIM PRESENT								•145=		1		
* If the difference in column 1 is less than zero, enter "O" in column 2								TOTAL	 -	OR		942
CLAIMS AS AMENDED - PART II OTAE CONTROL OTHER TO												
(Column 1) (Column 2) (Column 3)									ENTITY	OR	SMALL	ENTITY
MTA	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT - EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 20	Minus	- 20		-0		X\$ 9+		OR	X\$18=	
	Independent	. 5	Minus	-3	-3			X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						,	+145=		OR	+290=	
,								TOTAL		1	YOTAL ADDIT, FEE	
1	17/06	(Column 1)		(Calum		(Cotumn 3)		addit. Fee		•	ALAMA. PEE	
AMENDMENT 0		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOU PAID F	EA EA	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 18	Minus			•		X\$ 9=	·	OR	X318=	
	Independent	8	Minus	<u> </u>	5	• 53	11	X43=	•	OR	X95°	600
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
								TOTAL		00	TOTAL	
(Column 1) (Column 2) (Column 3)								odit. Fee i	·	· •	WOII. TEES	·
	•	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE MLAHBI PREVIOL PAID FI	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL PEE
	Total		Miraus	-20		-0	1	¥\$.9*		QP	X\$18°	
	Independent	. 3	Minus	75		\odot	 	X43•		OR	X85=	
٢	FIRST PRESE				4900-							
* If the entry is colone 1 in large than the entry is column 2 with W in column 3.											+290= `	
of the Highest Humber Previously Paid For IN THIS SPACE is less than 3, onter "3." ADDIT, FEE OR ADDIT, FEE OR THIS SPACE is less than 3, onter "3."												
	De Yeghest Nu	nber Previously Pai aber Previously Pai ber Previously Paid	id Fee' IN THE	S SPACE &	ess over	Texts Z.		•	·		•	

Application or Docket Number